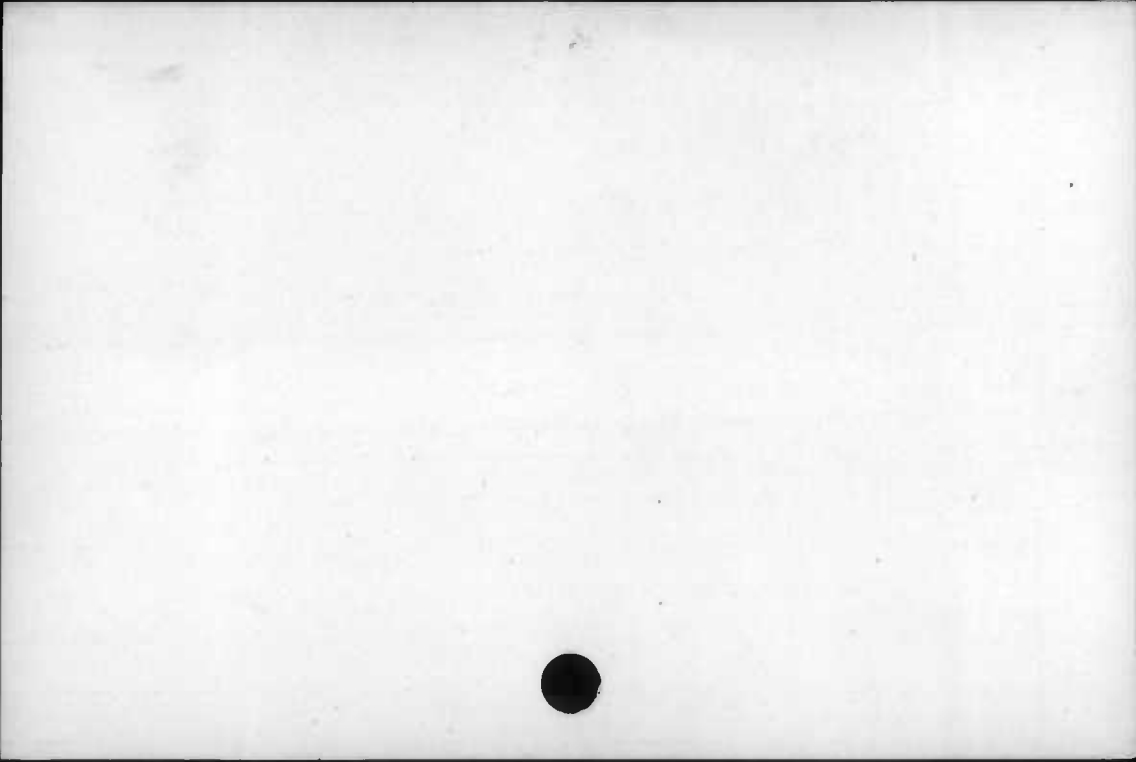


Name in Full		Mary Jane Chambers				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Calvert	Calvert	MARYLAND			
		Date of death		1909	Jan	22	Age	about 67	
		Sex		Female	Color or Race		White	Birth-place	Calvert Co., Md
		Occupation		None		Where Residing if not at place of death			
		Married, Single or Widowed		Single	Name of Wife or Husband		None		
		Father's Name		George Chambers		Father's Birthplace		Calvert Co., Md	
		Mother's Maiden Name		Delilah Meade		Mother's Birthplace		Calvert Co., Md	
		Name of person giving information		Wm. I. Ogden		How related to deceased		Brother in law	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Dropsy		How long		Several months	
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Geo F Chambers	
				Address		Lucy Calvert Co Md			
		Accident or Suicide?							

177



Name
in
Full

Billey Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	7	Age	30		
Sex	Male	Color or Race	Black	Birth-place	Cal. Co.		
Occupation	Farm laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Maggie Jacks							
Father's Name	Frank Chase			Father's Birthplace	Cal. Co.		
Mother's Maiden Name	Beulah Chase			Mother's Birthplace	" "		
Name of person giving Information	Frank Chase			How related to deceased	Father		

CAUSES OF DEATH

Primary	Multiple Abscesses	How long	2 yrs
Immediate	Exhaustion	How long	

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

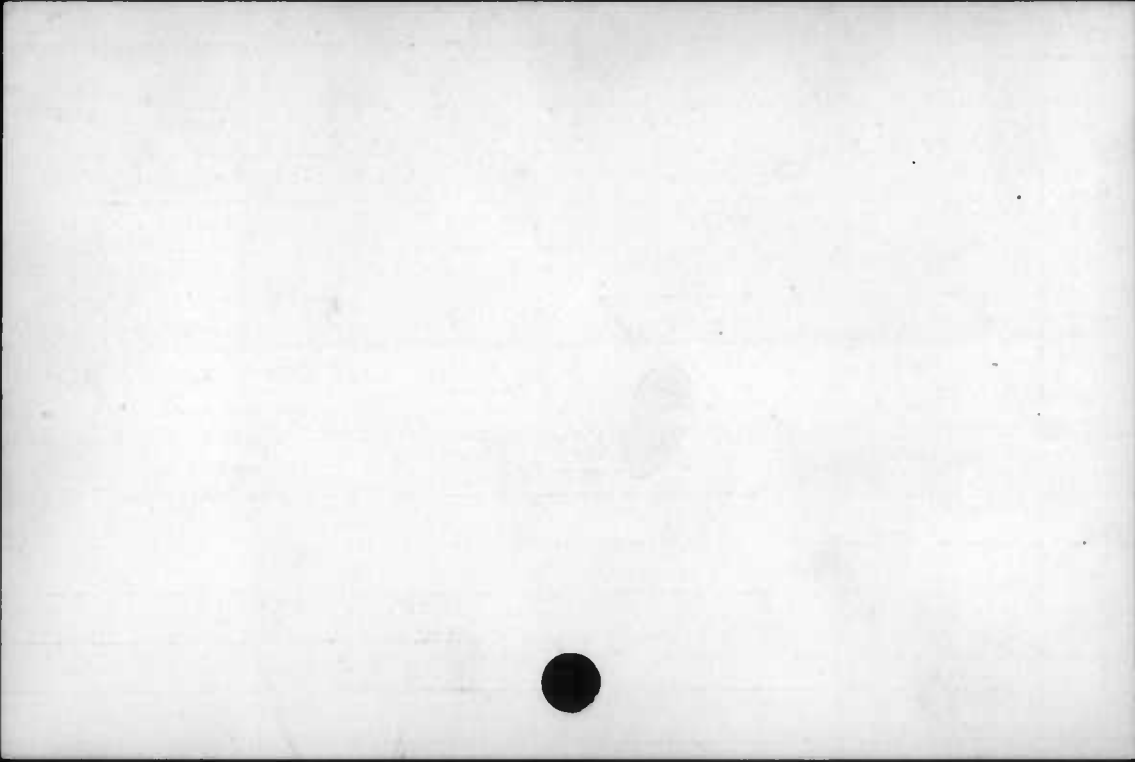
J. W. Leitch
Huntingtown
Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name in Full		Mrs Cassama A Cochran				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Chambersville		County Calvert		MARYLAND	
	Date of death		1909	Month Jan	Day 26	Age 49	Months	Days
	Sex		Female		Color or Race white		Birth-place Calvert Md	
	Occupation Housewife				Where Residing, if not at place of death			
	Married, Single or Widowed		Married		Name of Wife or Husband Wm N Cochran			
	Father's Name Alexander Stinnett				Father's Birthplace Calvert Co			
	Mother's Maiden Name Janette Dorsey				Mother's Birthplace Calvert Co			
	Name of person giving information Mrs married Scott				How related to deceased Sister			
PHYSICIAN OR CORONER	CAUSES OF DEATH							
	Acute peritonitis from sterco-coccus infection							
	Primary		Peritonitis		How long		15 days	
	Immediate		Exhaustion		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Thos M. Chaney M.D.			
				Address Chaney Ind				
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherryville</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND		
Date of death <i>1909</i>	Month <i>January</i>	Day <i>11</i>	Age <i>Still Born</i>	Years	Months	Days		
Sex <i>Male</i>	Color or Race <i>African</i>		Birthplace <i>Calvert Co</i>					
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name <i>Chesley Gray</i>			Father's Birthplace <i>Calvert Co</i>					
Mother's Maiden Name <i>Maggie Reed</i>			Mother's Birthplace <i>Calvert Co</i>					
Name of person giving Information <i>Chesley Gray</i>			How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Asphyxiated</i>	How long <i>Dead at Birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E H Humman</i>
	Address <i>Lo. Marlboro</i>
Accident or Suicide	<i>ms</i>



Name
in
Full

Medora Hardman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

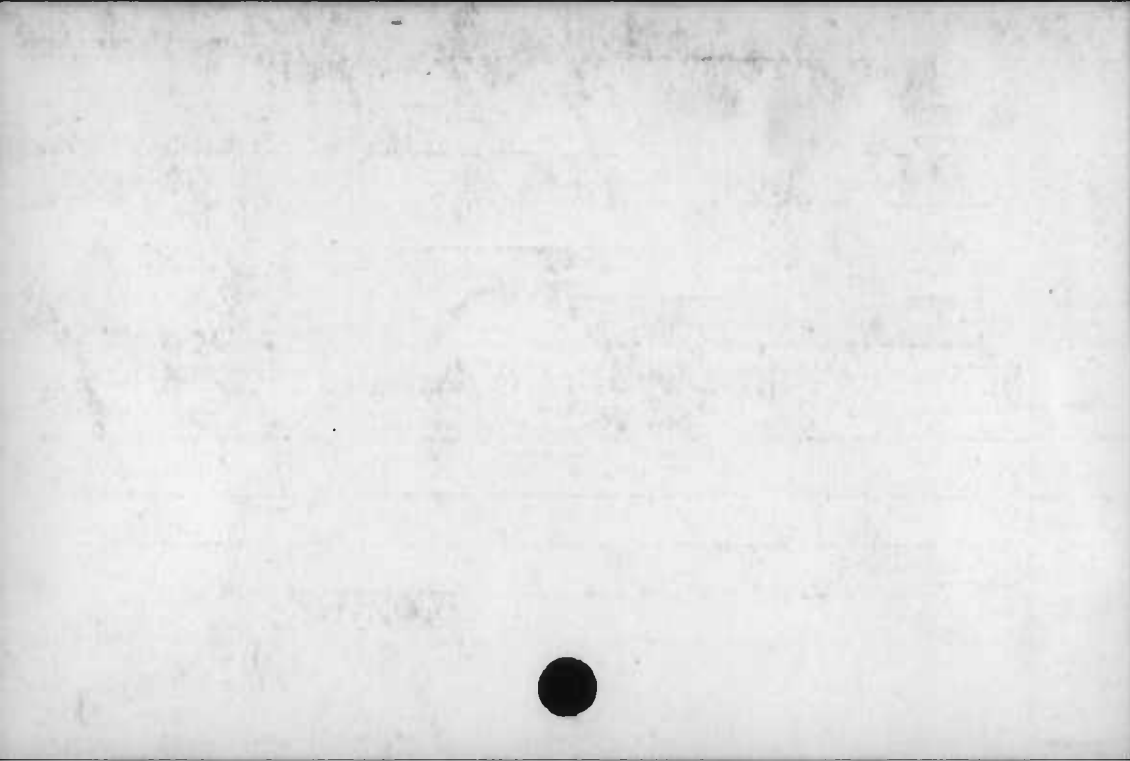
Died at <i>St. Leonard</i> ^{Town} <i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1909 Jan. 16</i>	Age <i>3</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>St. Leonard, Md.</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Joseph John Hardman</i>		Father's Birthplace <i>St. Leonard</i>	
Mother's Maiden Name <i>Mary Florence Cross</i>		Mother's Birthplace <i>St. Leonard</i>	
Name of person giving information <i>Joseph John Hardman</i>		How related to deceased <i>Father</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Bronchopneumonia</i>	How long <i>7 days</i>
Immediate <i>Syncope</i>	How long <i>A few hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Georges Peterson</i>
	Address <i>St. Leonard, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Republic</u> <u>Cecil</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>Jan</u>	Day <u>8</u>	Age <u>42</u> Years
Sex <u>Male</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Cecil</u>	Months <u> </u> Days <u> </u>
Occupation <u>Town clerk</u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Wm Brown</u>		
Father's Name <u>Henry Brown</u>	Father's Birthplace <u>Cecil Md</u>		
Mother's Maiden Name <u>Henrietta Wallace</u>	Mother's Birthplace <u>Cecil Md</u>		
Name of person giving information <u>Wm Brown</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Unknown</u>	How long <u> </u>
Immediate <u>Sudden death</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. B. Brown</u>
	Address <u>Port Republic</u>
Accident or Suicide? <u> </u>	



8

Name
in
Full

Not named

Have

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lo. Marlboro</i>		Town <i>Lo. Marlboro</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan.</i>		Day <i>23</i>		Age <i>Still Born</i>	
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>Lo. Marlboro</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Sewell Howe</i>				Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Sarah J Russell</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Sewell Howe</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Asphyxia</i>		How long <i>Immediately</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. H. Himmelman</i>	
		Address <i>Lo. Marlboro,</i>	
Accident or Suicide?		<i>Md.</i>	



Name
in
Full

Maggie Janey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

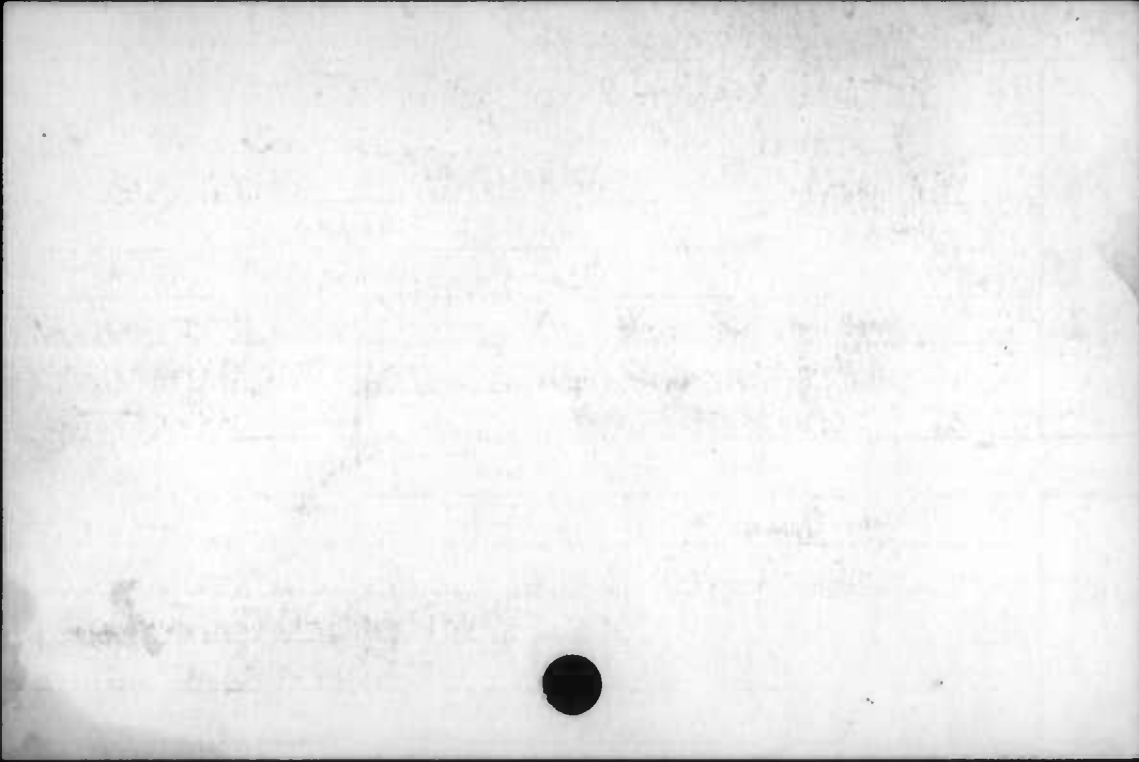
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		January	6			2	26
Sex		Color or Race		Birth-place			
Female		Colored		St. Leonard			
Occupation				Where Residing if not at place of death			
St.							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Samuel Janey				St. Leonard			
Mother's Maiden Name				Mother's Birthplace			
Ella Hardman				St. Leonard			
Name of person giving information				How related to deceased			
Samuel Janey				Father			

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	How long
Bronchopneumonia	2 weeks
Immediate	How long
Asphyxia	1 hour
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	George J. Stearns
	Address
	St. Leonard
Accident or Suicide?	



Name
in
Full

Thagge Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

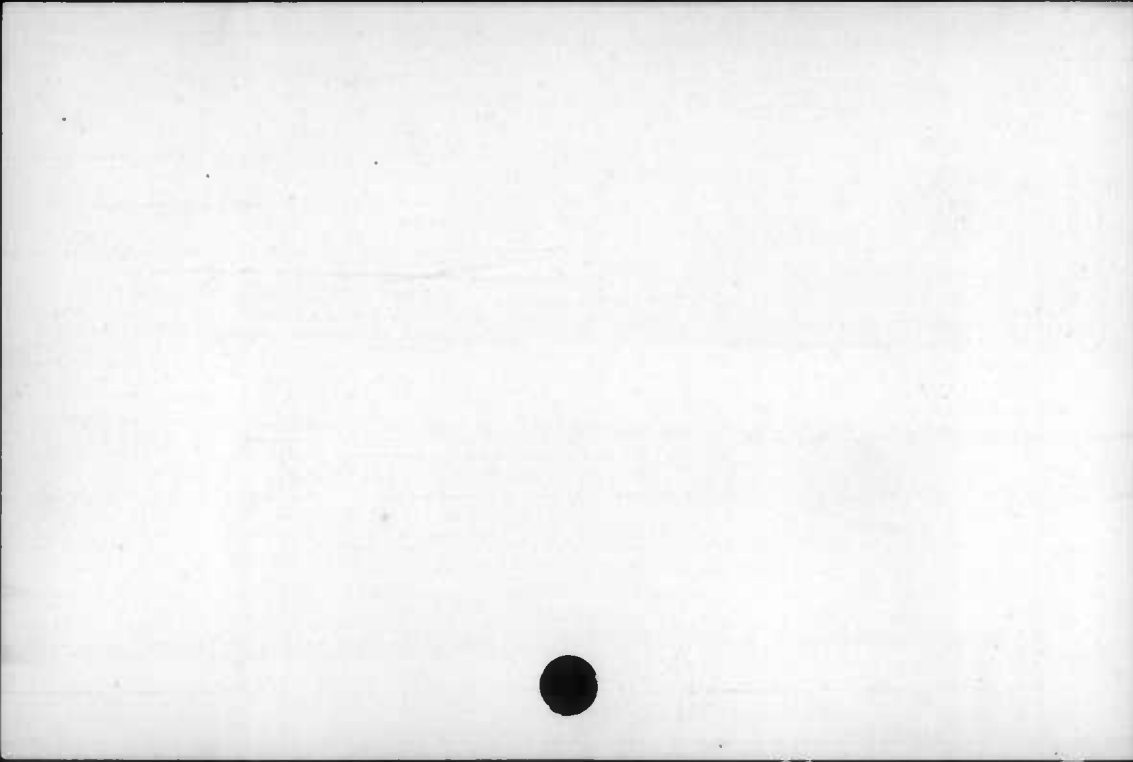
Died at <u>Belmont Creek</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death	1909	Month	July	Day	14
Age	65	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Calvert
Occupation	<u>House wife</u>				
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband <u>Theresa Thomas Lewis</u>		
Father's Name	<u>Robert Parker</u>		Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name	<u>Eliza Parker</u>		Mother's Birthplace <u>Calvert</u>		
Name of person giving information	<u>Harry Lewis</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>6 mths.</u>
Immediate	<u>Weakened</u>	How long	<u>1 mth.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>O. Brown Jr.</u>
		Address	<u>Repton</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

James Froblidge Marsh

Died at Solomons

Calvert

MARYLAND

Date of death 1909 Jan

Day 22

Age

Years 69

Months 4

Days 14

Sex

Male

Color or Race

White

Birth-place

Ulster Co, N.Y.

Occupation

Ship Builder

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Sarah E Snowden

Father's Name

Elijah E Marsh

Father's Birthplace

N.Y. State

Mother's Maiden Name

Deborah Crouse

Mother's Birthplace

N.Y. State

Name of person giving information

Jas Henry Marsh

How related to deceased

Son

CAUSES OF DEATH

Primary

Cancer of Stomach

How long

About 10 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. F Chambers

Address

Lusby, Calvert Co

DMD

~~Resident or Coroner~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Collier Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

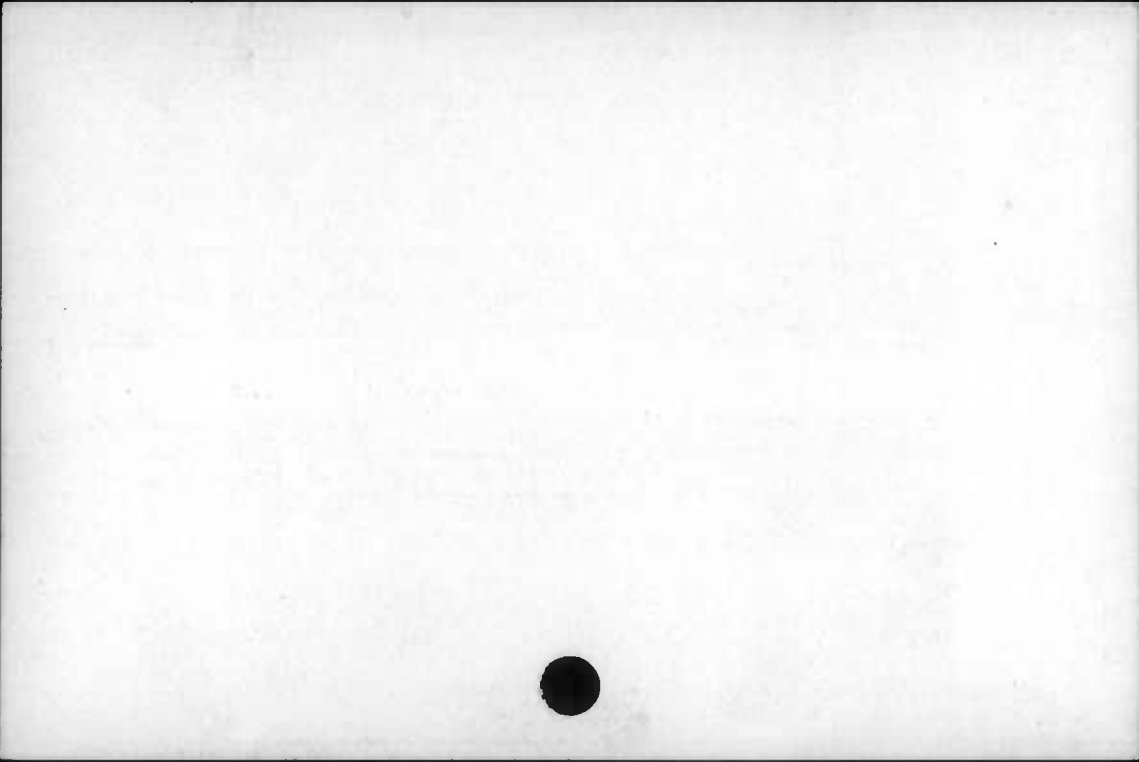
Died at <i>Lo. Marlboro</i>		Town <i>Calvert</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>January</i>	Day <i>27</i>	Age <i>30</i>	Years	Months <i>1</i>	Days	
Sex <i>Male</i>	Color or Race <i>African</i>		Birth-place <i>Calvert Co.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Annie Smith</i>					
Father's Name <i>James Smith</i>			Father's Birthplace <i>Calvert Co.</i>				
Mother's Maiden Name <i>Christiana Gross</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Benson Jackson</i>			How related to deceased <i>None</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>10 months</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>E. H. Hinman</i>	
			Address <i>Lo. Marlboro.</i>	
Accident or Suicide?			<i>Med</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James E. Smith		Town		County		MARYLAND	
Died at		Bowers		Calverton			
Date of death		1909	Month	Day	Age	Months	Days
		Jan	24	84			
Sex		Male		Color or Race		White	
Occupation		Blacksmith		Where Residing if not at place of death		Calverton B	
Married, Single or Widowed		Single		Name of Wife or Husband		Alice E. Smith	
Father's Name		Mr. Lintner		Father's Birthplace		Unknown	
Mother's Maiden Name		Sallie Smith		Mother's Birthplace		Calverton	
Name of person giving information		Wm A Fowler		How related to deceased		Son in law	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONERPrimary
Old age

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. J. Lusk, Sub Reg
Bowers

Accident or Suicide?



Name
in
Full

Owen Lee Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Lo. Marlboro* TownCounty *Calvert*Date of death *1909* Month *July* Day *19* Age *10* Years *14* Months *10* Days *14*Sex *Male* Color or Race *African* Birth-place *Calvert Co*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Callum Smith*Father's Birthplace *Calvert Co.*Mother's Maiden Name *Annie Garner*Mother's Birthplace *St. Marys Co.*Name of person giving information *Owen Smith*How related to deceased *Uncle*

CAUSES OF DEATH

28

Primary *Tubercular Meningitis*How long *12 Days*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

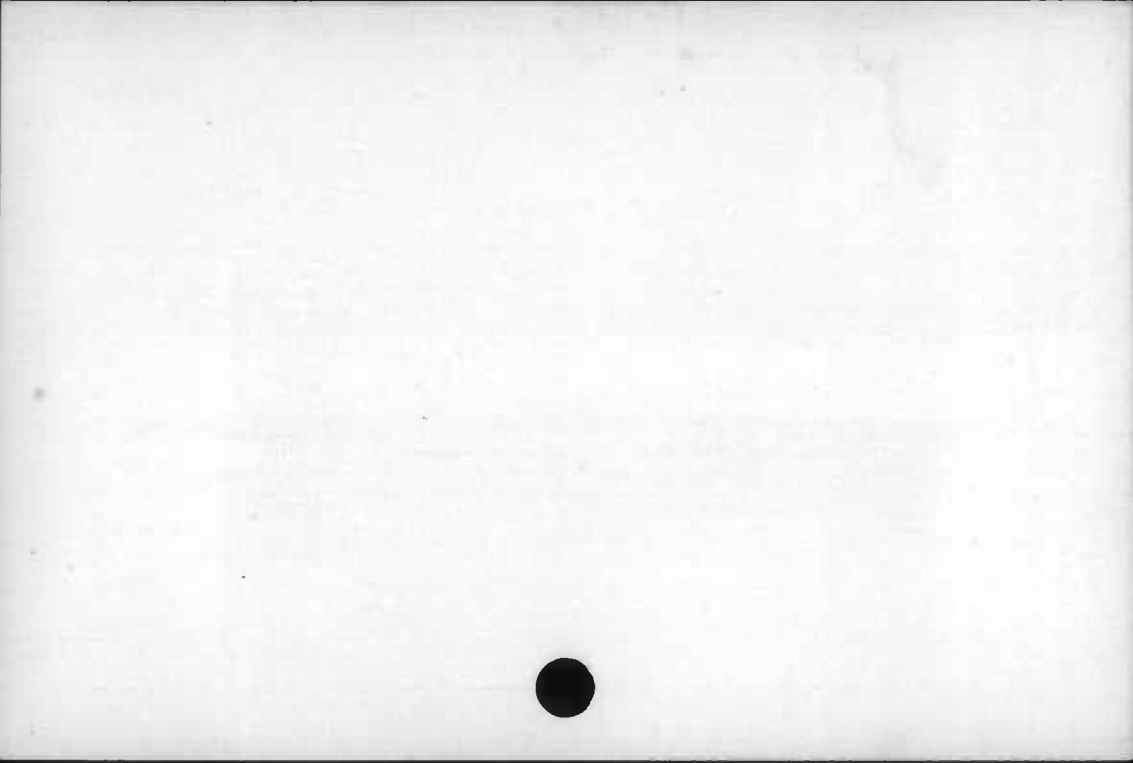
Yes

Signature of Physician

E. H. Hornum
Lo. Marlboro,

Address

*Md.*Accident or Suicide? *—*PHYSICIAN
OR CORONER



Name

In Full

CERTIFICATE OF DEATH

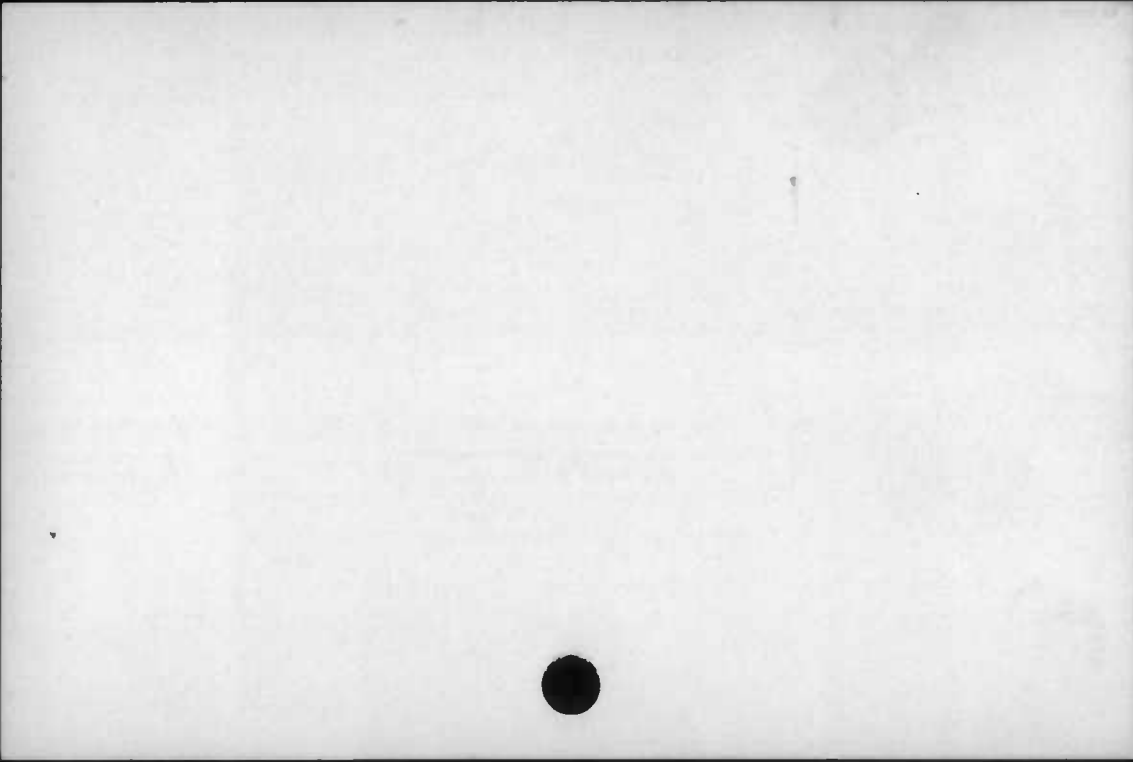
TO BE ANSWERED BY
NEAREST FRIEND

James Stephen
 Died at *Willow* Town *Calvert* County
 Date of death *1909 Jan 20* Age *45* Months *1* Days *4*
 Sex *Male* Color or Race *Black* Birth-place *Cal. Geo.*
 Occupation *Farmer* Where Residing if not at place of death
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Marion Keenan*
 Father's Name *Richard Stephen* Father's Birthplace *Cal. Geo.*
 Mother's Maiden Name *Sarah Emerson* Mother's Birthplace *" "*
 Name of person giving information *Louis Stephen* How related to deceased *Son*

CAUSES OF DEATH

Primary *Abscesses Gluteal & Rectal* How long *2 1/2 months*
 Immediate *Septicemia & Exhaustion* How long *"*
 Are the name, age, sex, color, date and place correctly given above? *yes*
 Signature of Physician *J. W. Fitch*
 Address *Huntingtown Md.*
 Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Francis Stevens

CERTIFICATE OF DEATH

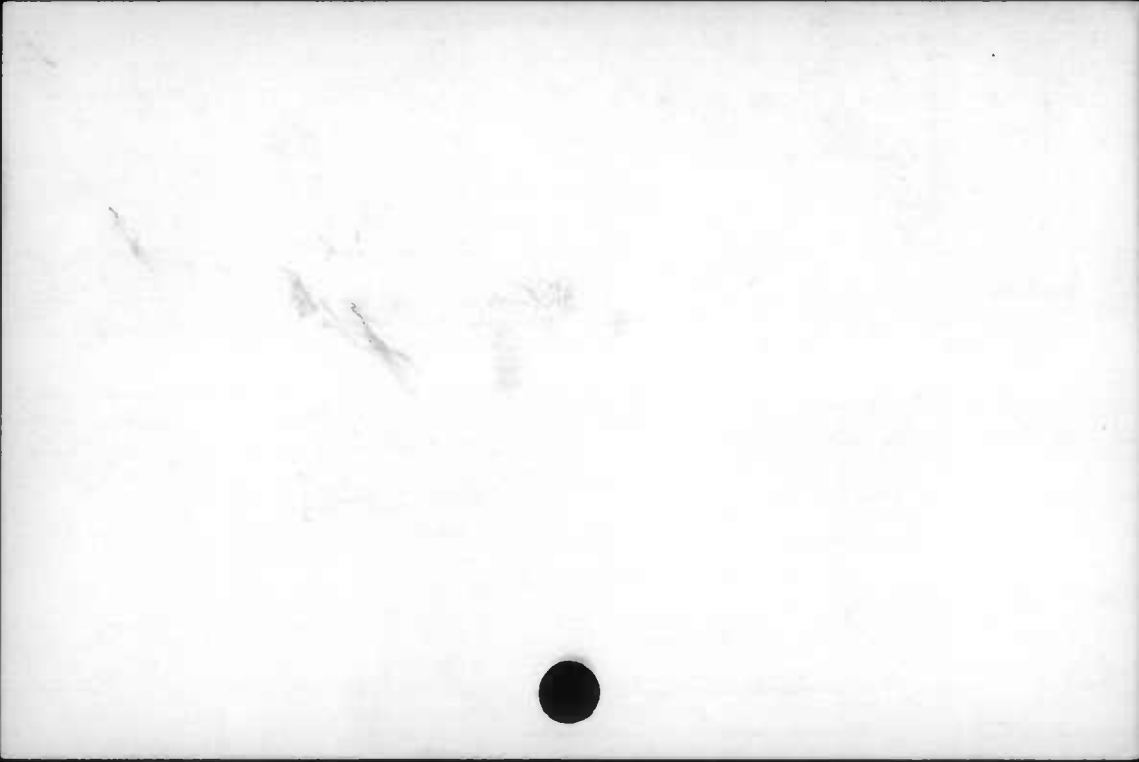
TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Mt Harmony ^{County} Calvert **MARYLAND**Date of death 1909 ^{Month} Jan ^{Day} 12 ^{Years} Age 66 ^{Months} ^{Days}Sex Male ^{Color or Race} white- ^{Birth-place} Mt HarmonyOccupation Farmer ^{Where Reading if not at place of death} Mt HarmonyMarried, Single or Widowed Married ^{Name of Wife or Husband} Mary StevensFather's Name Francis Stevens ^{Father's Birthplace} Mt HarmonyMother's Maiden Name Sallie Collier ^{Mother's Birthplace} A A CoName of person giving Information West Stevens ^{How related to deceased} Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONERPrimary ^{How long} Valvular disease of heart Few minutesImmediate Heart Exhaustion ^{How long}Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} A. D. Brayshaw^{Address} Friendship Md

Accident or Suicide



Name
in
Full

Clara Hood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Jan	29	Age	1	6	
Sex	Female	Color or Race	White	Birth-place	Calvert Co		
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Eddie Hood			Father's Birthplace	Calvert		
Mother's Maiden Name	Hume			Mother's Birthplace	Calvert		
Name of person giving Information				How related to deceased	95		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Conjestion of Lung	How long	1 day
Immediate	Convulsions	How long	3 hrs.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. N. King
		Address	Barstow Md.
Accident or Suicide			

